

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046528

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

3703

FILED DEC 16 1963

1. PLACE OF DEATH

4. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Brentwood

Length of stay in 1b
19 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2400 AnnaLee

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Brentwood

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2400 AnnaLee

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Molly Josephine Parkin

4. DATE OF DEATH
Month Day Year
December 4, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/27/1874 89

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
HOME

11. BIRTHPLACE (City and state or country)
Washington County Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Sep Hollingsworth

13b. MOTHER'S MAIDEN NAME

Sarah Wilson

14. NAME OF HUSBAND OR WIFE

Clark Parkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Myrtle Yount, Brentwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema -

INTERVAL BETWEEN ONSET AND DEATH

12/4/63

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute myocardial infarction,

12/4/63.

DUE TO (c)

Coronary artery thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from seen immediately post-mortem and last saw her alive on Dec 4, 1963
Death occurred at 2:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Angelo A. Speno MD

22b. ADDRESS

9313 Manchester Rd.

22c. DATE SIGNED

12/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Dec. 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county)

Potosi, Missouri

24. FUNERAL DIRECTOR

Dale Sparks, Bonne Terre, Mo.

25. DATE RECD. BY LOCAL REG.

12-4-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 4011

2 4011

3

4 1

5 2

6

7 0

8 2

9 420.1

10

11

12 90-0

13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Everett Sparks

Licensed Embalmer No.

4287

P. O. Address

Bonne Terre Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed; fact should be so stated above.